

# Breathe Respite – Buddy Breakdown Manual Registration



Hello There!!!!

We're so excited to have your kids join us this evening. In order to ensure that your child has a dynamite experience we wanted to take a minute to get the "low down" from you, the expert! So if you could take a minute and answer the following questions we will use the information to empower our rock star volunteers! Thanks for joining us and we hope you have a great evening out on the town!

So let's get to it...

**Child Name, Date of Birth:)** \_\_\_\_\_

**Does your child have any food allergies? Is your child on a Gluten-free/Casein-free diet? If so, please explain. (Note: Breathe is a peanut-free event.)**

**We will be serving cheese pizza for dinner. Please let us know if your child will be eating pizza.**

**Pizza yes. \_\_\_\_\_ Pizza no. \_\_\_\_\_**

**(If your child cannot/will not eat pizza, we will be providing light snacks as well (chips, fruit, water, juice) – if your child will not have had dinner prior to Breathe, please feel free to provide a packed meal, (no peanuts) – refrigerators are available.)**

**We want your child to have a wonderful experience with us! We realize that some times kids can become over stimulated or require some redirection. What is your best tip in this situation, how do you handle this at home/school?**

**Are there any behaviors/symptoms staff should be aware of in order to provide the best care for your child? (i.e. child may seem distant before seizure, etc.)**

**Please give us the name and contact information for your child's physician should we need to have it in the event of an emergency.**

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Here is your chance to dote on your great kids! Tell us the fun stuff - favorite hobbies, favorite friend, what do they love to do? This info helps volunteers to break the ice!

Will your child enjoy presentations of a childrens' Christmas play, the Clown Ministry, or similar performances?

In order to make sure we can reach you we ask all participating families to have a cell phone with them the evening of Respite. Do you need to have a cell phone provided for you?

If you already have a cell phone can you please provide the number for us?

Cell number: \_\_\_\_\_

What tasks (if any) does your child require additional assistance with? (i.e. going to the bathroom, eating, etc.)

Is your child verbal? If not, are there any methods being used to facilitate communication? (i.e. sign language, dynavox, boardmaker, etc.)

Does your child have a set behavior plan that we should be aware of?

Please describe any special needs or requirements that your child may have so that we know how to better serve them.

Please provide names/dates of birth of any typical siblings who are attending, plus any additional information we would need to know.

THANK YOU!